Delbert Hosemann SECRETARY OF STATE

ND DISBURSEMENTS REPORT OF RECEIPTS

2010.	Election DEGE	EIF
Name of Candidate Max Phillips	JAN 3 1 2011	
Address P. O. Box 335	ELECTIONS DIVIS	
Telephone 601-382-5050 Fax	SECRETARY	N TE
Contact Name Max Phillips Email max42	2893@aol.com	
Office Sought Commissioner of Agriculture & Commerce Political I		
Check here if above is different from previous report TYPE OF RE		
and a second provided by the second of the second and the second by the	May 22 2010) Manda	torv
May 25, 2010 Pre-Election Report (January 1, 2010, through June 15, 2010 Pre-Runoff Report (May 23, 2010) Pre-Runoff Report (May 24, 2010) Pre-Runoff Repo		
October 26, 2010 Pre-General Report (May 23, 2010, through	h October 23, 2010)All Candida	tes
November 16, 2010 Pre-Runoff Report (October 24, 2010, the	nrough November 13, 2010)Runoff Candida	ates
X January 31, 2011 Annual Report (January 1, 2010, through D		
dandary or, 2011 Anniau Hopert (canala) 1, act of an	Political Committ	tees
Termination Report (Candidate will no longer accept contributions expenditures and has no outstanding campaignees.)	ns or make campaign Required to terminate reporting obligations	ng
expenditures and has no outstanding campaig	ign debt obligation) obligations	
expenditures and has no outstanding campaig	ign debt obligation) obligations enditures have occurred. In such case, the candidate	e
expenditures and has no outstanding campaig IMPORTANT (1) Pre-Election reports are mandatory, even if no contributions or expesshall submit a report indicating "0" (Zero) for total amount of reports (2) Until a Candidate files a Termination Report, annual and periodic reports	enditures have occurred. In such case, the candidate	e d.
expenditures and has no outstanding campaigness. IMPORTANT (1) Pre-Election reports are mandatory, even if no contributions or expensive shall submit a report indicating "0" (Zero) for total amount of reports. (2) Until a Candidate files a Termination Report, annual and periodic reports. § 23-15-807 (b) (ii) and (iii). (3) The receiving authority must be in actual receipt of the required reports. In actual receipt of the required reports.	enditures have occurred. In such case, the candidate ted contributions and expenditures during this period ports must still be filed in accordance with Miss. Contributions and the reporting day. If the deadling	e d. de
expenditures and has no outstanding campaig IMPORTANT (1) Pre-Election reports are mandatory, even if no contributions or expesshall submit a report indicating "0" (Zero) for total amount of reports (2) Until a Candidate files a Termination Report, annual and periodic reports Ann. § 23-15-807 (b) (ii) and (iii). (3) The receiving authority must be in actual receipt of the required reports and a weekend or a holiday, the office must be in actual receipt of day before the deadline. Faxed reports are acceptable.	enditures have occurred. In such case, the candidate ted contributions and expenditures during this period ports must still be filed in accordance with Miss. Contributions on the reporting day. If the deadling of the required reports by 5:00 p.m. on the first work	e d. de
expenditures and has no outstanding campaigness. IMPORTANT (1) Pre-Election reports are mandatory, even if no contributions or expensive shall submit a report indicating "0" (Zero) for total amount of reports. (2) Until a Candidate files a Termination Report, annual and periodic reports. § 23-15-807 (b) (ii) and (iii). (3) The receiving authority must be in actual receipt of the required reports. In actual receipt of the required reports.	enditures have occurred. In such case, the candidate ted contributions and expenditures during this period ports must still be filed in accordance with Miss. Contributions on the reporting day. If the deadling of the required reports by 5:00 p.m. on the first work	e d. de
expenditures and has no outstanding campaig IMPORTANT (1) Pre-Election reports are mandatory, even if no contributions or expesshall submit a report indicating "0" (Zero) for total amount of reported Ann. § 23-15-807 (b) (ii) and (iii). (3) The receiving authority must be in actual receipt of the required reported and a weekend or a holiday, the office must be in actual receipt of day before the deadline. Faxed reports are acceptable. REPORTED CONTRIBUTIONS	enditures have occurred. In such case, the candidate ted contributions and expenditures during this period exports must still be filed in accordance with Miss. Contributions on the reporting day. If the deadling of the required reports by 5:00 p.m. on the first work the required reports by 5:00 p.m. on the first work this Period Calendar Year-To-Date	e d. de
expenditures and has no outstanding campaig IMPORTANT (1) Pre-Election reports are mandatory, even if no contributions or expesshall submit a report indicating "0" (Zero) for total amount of reported Ann. § 23-15-807 (b) (ii) and (iii). (3) The receiving authority must be in actual receipt of the required reported and a weekend or a holiday, the office must be in actual receipt of day before the deadline. Faxed reports are acceptable. REPORTED CONTRIBUTIONS Itemized + Non-itemized =	enditures have occurred. In such case, the candidate ted contributions and expenditures during this period ports must still be filed in accordance with Miss. Contributions of the required reports by 5:00 p.m. on the reporting day. If the deadling of the required reports by 5:00 p.m. on the first work the required reports by 5:00	e d. de
expenditures and has no outstanding campaigness. IMPORTANT	enditures have occurred. In such case, the candidate ted contributions and expenditures during this period ports must still be filed in accordance with Miss. Contributions of the required reports by 5:00 p.m. on the reporting day. If the deadling of the required reports by 5:00 p.m. on the first work the required reports by 5:00	e d. de

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete. January 28, 2011

Signature of Candidate

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, mulli-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 501-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

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Reporting period January 1, 2010

through December 31, 2010 ITEMIZED RECEIPTS

A. Source: □ Corporation □ PAC Individual □ Loan □ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Ronnie Herrington	12, 01, 10	\$2,400.00
Mailing Address P O Box 2703		\$
city, State, Zip Code Laurel, MS 39442		\$
Name of Employer (Required) Self Employed		\$
Occupation (Required) Oil Services	Aggregate year-to-date	\$2,400.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Nan Herrington	12,01,10	\$2,400.00
Mailing Address P O Box 2703		\$
City, State, Zip Code Laurel, MS 39442		\$
Name of Employer (Required) Self Employed		\$
Occupation (Required) Oil Services	Aggregate year-to-date	\$2,400.00
C. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Cal-Maine Foods Inc.	<u>12</u> , <u>31</u> , <u>10</u>	\$ 500.00
Mailing Address P O Box 2960		\$
City, State, Zip Code Jackson, MS 39207		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Suzanne Phillips	12,06,10	\$32,700.00
Mailing Address 302 Mayhaw Street		\$
City, State, Zip Code Taylorsville, MS 39168	1_1_1_	\$
Name of Employer (Required)		\$
Occupation (Required) Band Director	Aggregate year-to-date	\$32,700.00

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1 46		-	_		

Name of Candidate or Committee Max Phillips Reporting period January 1, 2010 through December 31, 2010 ITEMIZED RECEIPTS

	. •	
A. Source: Corporation	Date (Mo., Day, Year)	Amount of each receipt
□ Other (please specify)		this period
Full name BR Cattle Company LLC	12, 31, 10	\$ 500.00
P O Box 2333		\$
City, State, Zip Code Collins, MS 39428		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 500.00
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
□ Other (please specify)		this period
Leslie Newcomb	<u>12, 01, 10</u>	\$ 500.00
Mailing Address 6 Ashley Court	_'_'_	\$
City, State, Zip Code Long Beach, MS 39560		\$
Name of Employer (Required) South Mississippi PDD		\$
Occupation (Required) Executive Director	Aggregate year-to-date	\$ 500.00
C. Source: Corporation PAC Individual Loan	Date	Amount of each
□ Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Huey Robinson	<u>12</u> , <u>23</u> , <u>10</u>	\$ 4,000.00
Mailing Address 589 CR 45		\$
City, State, Zip Code Mt. Olive, MS 39119		\$
Name of Employer (Required) Self employed		\$
Occupation (Required) Farmer	Aggregate year-to-date	\$ 4,000.00
D. Source: Corporation Description Descrip	Date	Amount of each receipt
□ Other (please specify)	(Mo., Day, Year)	this period
Max Phillips	12,31,10	\$60,000.00
Mailing Address P O Box 335	_'_'_	\$
City, State, Zip Code Taylorsville, MS 39168		\$
Name of Employer (Required) Self Employed		\$
Occupation (Required) Cattle Farmer	Aggregate year-to-date	\$60,000.00

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Name of Candidate or Committee Max Phillips

Reporting period January 1, 2010 th

through December 31, 2010

ITEMIZED RECEIPTS

A. Source: □ Corporation □ PAC ★ ndividual □ Loan □ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Mayzell O. Phillips	12, 15, 10	\$ 2,500.00
Mailing Address 198 Flem Phillips Road		\$
City, State, Zip Code Laurel, MS 39443		\$
Name of Employer (Required)	'	\$
Occupation (Required) Retired	Aggregate year–to-date	\$ 2,500.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address	''	\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$
D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$

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Reporting period January 1, 2010

__through _December 31, 2010

ITEMIZED DISBURSEMENTS

A. Full name M2 Advertising	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		S
2550 Marshall Road	12, 01, 10	300.00
City, State, Zip Code Biloxi, MS 39531		\$
Purpose of Disbursement (Optional) Advertising	Aggregate Year-to-date	\$ 300.00
B. Full name	Date	Amount of each
Lamar Advertising	(Mo., Day, Year)	disbursement this period
Mailing Address Box 66338	$\frac{12}{6}, \frac{6}{10}$	\$ 984.00
City, State, Zip Code	, ,	\$
Baton Rogue, LA 70896		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 984.00
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_/_/_	S
City, State, Zip Code	//_	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//	S
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		S
City, State, Zip Code	//	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_/_/_	\$
City, State, Zip Code	_/_/_	S
		S

Delbert Hosemann SECRETARY OF STATE

REPORT OF RECEIPTS AND DISBURSEMENTS 2010 Non-Judicial Election

2010 Non-Judicial Election Name of Candidate Max Phillips Address P. O. Box 335 **ELECTIONS DIVISION** SECRETARY OF STAT Telephone 601-382-5050 DATE STAMP Email max42893@aol.com Contact Name Max Phillips Office Sought Commissioner of Agriculture & Commerce Political Party Republican Check here if above is different from previous report TYPE OF REPORT May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010)......Mandatory June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).......Runoff Candidates October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010)..................................All Candidates November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).......Runoff Candidates January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010)......All Candidates and Political Committees Termination Report (Candidate will no longer accept contributions or make campaign Required to terminate reporting obligations expenditures and has no outstanding campaign debt obligation)

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

Itemized + Non-itemized = This Period Calendar Year-To-Date

Total amount of contributions \$105,500.00 + \$15,850.00 \$ 121,350.00 \$ 121,350.00

Total amount of disbursements \$1,284.00 + 13,676.59 \$ 14,960.59 \$

Total amount of cash on hand \$ 106,389.41

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

January 28, 2011

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

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2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

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Name of Candidate or Committee Max Phillips
Reporting period January 1, 2010 th

through December 31, 2010 ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)Ronnie Herrington	12, 01, 10	\$ 2,400.00
Mailing Address P O Box 2703		\$
City, State, Zip Code Laurel, MS 39442		\$
Name of Employer (Required) Self Employed		\$
Occupation (Required) Oil Services	Aggregate year-to-date	\$2,400.00
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify) Full name Nan Herrington	12,01,10	\$ 2,400.00
Mailing Address P O Box 2703		\$
City, State, Zip Code Laurel, MS 39442		\$
Name of Employer (Required) Self Employed		\$
Occupation (Required) Oil Services	Aggregate year-to-date	\$2,400.00
C. Source:	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Cal-Maine Foods Inc.	<u>12</u> , <u>31</u> , <u>10</u>	\$ 500.00
Mailing Address P O Box 2960		\$
City, State, Zip Code Jackson, MS 39207		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 500.00
D. Source: Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Suzanne Phillips	<u>12,06,10</u>	\$32,700.00
Mailing Address 302 Mayhaw Street		\$
City, State, Zip Code Taylorsville, MS 39168		\$
Name of Employer (Required)		\$
Occupation (Required) Band Director	Aggregate year–to-date	\$32,700.00

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Reporting period January 1, 2010

through December 31, 2010

ITEMIZED RECEIPTS

Date (Mo., Day, Year)	Amount of each receipt this period
12, 31, 10	\$ 500.00
	\$
	\$
	\$
Aggregate year-to-date	\$ 500.00
Date (Mo., Day, Year)	Amount of each receipt this period
12,01,10	\$ 500.00
	\$
'	\$
	\$
Aggregate year–to-date	\$ 500.00
Date (Mo., Day, Year)	Amount of each receipt this period
<u>12</u> , <u>23</u> , <u>10</u>	\$ 4,000.00
	\$
	\$
'	\$
Aggregate year–to-date	\$ 4,000.00
Date (Mo., Day, Year)	Amount of each receipt this period
12,31,10	\$60,000.00
	\$
	\$
	\$
Aggregate year–to-date	\$60,000.00
	(Mo., Day, Year) 12

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Name of Candidate or Committee Max Phillips

Reporting period January 1, 2010 the

through December 31, 2010

ITEMIZED RECEIPTS

A. Source: □ Corporation □ PAC ★ Individual □ Loan □ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mayzell O. Phillips	12, 15, 10	\$ 2,500.00
Mailing Address 198 Flem Phillips Road		\$
City, State, Zip Code Laurel, MS 39443		\$
Name of Employer (Required)		\$
Occupation (Required) Retired	Aggregate year-to-date	\$ 2,500.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$

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Reporting period January 1, 2010

through December 31, 2010

ITEMIZED DISBURSEMENTS

A. Full name	Date	Amount of each	
M2 Advertising	(Mo., Day, Year)	disbursement this period	
Mailing Address 2550 Marshall Road	12, 01, 10	300.00	
City, State, Zip Code Biloxi, MS 39531	//	\$	
Purpose of Disbursement (Optional) Advertising	Aggregate Year-to-date	\$ 300.00	
B. Full name Lamar Advertising	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address Box 66338	12, 6, 10	\$ 984.00	
City, State, Zip Code Baton Rogue, LA 70896		\$	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 984.00	
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address		\$	
City, State, Zip Code	//	S	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S	
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address	//	S	
City, State, Zip Code	//	\$	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S	
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address	//	\$	
City, State, Zip Code	//	\$	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$	
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address	//	\$	
City, State, Zip Code	//	S	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$	